

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

668-045552

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 098 Primary Registration District No. 4165 Registrar's No. 113

FILED DEC 2 1963

1. PLACE OF DEATH a. COUNTY Daviess		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Daviess	
b. CITY (If outside corporate limits, give TOWNSHIP only) Gallatin		c. CITY OR TOWN Gallatin	
Length of stay in 1b Most of Life		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ---		d. STREET ADDRESS (If outside, give location) ---	
3. NAME OF DECEASED (Type or print) First Middle Last James Luther Harlow		4. DATE OF DEATH Month Day Year November 10 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-16-1893
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Retail Drug Store	
13a. FATHER'S NAME William M. Harlow		13b. MOTHER'S MAIDEN NAME Susan A. Craley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. ---	
17. INFORMANT Van K. Harlow, Gallatin, Mo.		14. NAME OF HUSBAND OR WIFE Murl Harlow	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion DUE TO (b) Atherosclerosis DUE TO (c) Repeated Small Strokes		INTERVAL BETWEEN ONSET AND DEATH Sustant 5 yrs 5 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour s.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Gallatin, Missouri	
21. I attended the deceased from 1960 to 11-10-63 and last saw him alive on 11-10-63 Death occurred at 4:15 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22b. ADDRESS Gallatin, Mo.	
22a. SIGNATURE Floyd E. Nelson M.D.		22c. DATE SIGNED 11-15-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-12-1963	23c. NAME OF CEMETERY OR CREMATORY Brown Cemetery	23d. LOCATION (City, town, or county) (State) Gallatin, Missouri
24. FUNERAL DIRECTOR Hope Funeral Home, Gallatin, Mo.		25. DATE RECD. BY LOCAL REG. 11-23-1963	
		26. REGISTRAR'S SIGNATURE Viggin M. Emperhart	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

If this body is not embalmed, fact should be so stated above.